

Town of Arlington
Office of the Town Clerk
Massachusetts Avenue
Arlington, MA 02476



Tel: 781-316-3070
townclerk@town.arlington.ma.us

APPLICATION FOR DOMESTIC PARTNERSHIP

To apply, complete the form and email a scan or photo of the signed form to the Town Clerk or bring the form to the Town Clerk's Office. You can print a blank form and complete in pen (please write neatly) or you can enter information in the fillable fields and save or print the filled form.

List the domestic partners and their dates of birth:

Address of the Common Household:

A) _____	____/____/____	_____
B) _____	____/____/____	_____
C) _____	____/____/____	_____
D) _____	____/____/____	_____

List the names and dates of birth for any dependent children:

_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

By signing below, we declare under the pains and penalties of perjury that the information provided is accurate to the best of our knowledge and that all persons seeking to register as domestic partners in the Town of Arlington are qualified under Arlington Bylaws, Title I, Article 23, Section 1 and are not members of a domestic partnership registered in another community and that it has been more than ninety (90) days since any previous domestic partnership registered in Arlington was terminated.

A) _____	<i>For office use:</i> <input type="checkbox"/> ID
B) _____	<input type="checkbox"/> ID
C) _____	<input type="checkbox"/> ID
D) _____	<input type="checkbox"/> ID

Phone or email for one or more applicants:
